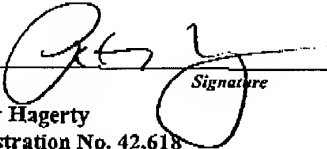
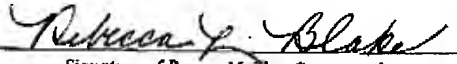


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Waldfried et al.			ATI-0003
Serial No. 09/855,177	Filing Date 5/14/2001	Examiner Duong, Khanh B.	Group Art Unit 2822
Invention: PLASMA ASHING PROCESS			
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 page); Amendment (17 pgs + 2 pgs Figures)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9318</u>)</p> <p>on <u>April 9, 2003</u> (Date)</p> <p>FAX RECEIVED APR 09 2003 TECHNOLOGY CENTER 2800</p> <p>Rebecca L. Blake (Typed or Printed Name of Person Signing Certificate)</p> <p><i>Rebecca L. Blake</i> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Waldfried et al.				ATTI-0003	
Serial No. 09/855,177	Filing Date 5/14/2001	Examiner Khanh B. Duong	Group Art Unit 2822		
Invention: PLASMA ASHING PROCESS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	45 -	45 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-11800 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
TAX RECEIVED APR 09 2003 TECHNOLOGY CENTER 2800					
Dated: April 9, 2003					
 Signature					
Peter Hagerty Registration No. 42,618 Customer No. 23413 Telephone No. (860) 286-2929					
I certify that this document and fee is being deposited on 4/9/2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
 Signature of Person Mailing Correspondence					
VIA FACSIMILE By Rebecca L. Blake Typed or Printed Name of Person Mailing Correspondence					
cc:					